PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail**

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Mail Stop ISSUE FEE
Commissioner for Patents
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590   03/16/2004

HEATHER R. KISSLING
LEYDIG, VOIT, & MAYER, LTD.
TWO PRUDENTIAL PLAZA, SUITE 4900
180 NORTH SETSON
CHICAGO, IL 60601-6780

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

PETER PHILLIPS	(Depositor's name)
Peter Phillips	(Signature)
MAY 27, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/653,114	05/24/1996	ERIK S FALCK-PEDERSEN	19603/233(CR	5761

TITLE OF INVENTION: ADENOVIRUS GENE EXPRESSION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	~~$1330~~ $665	$0	~~$1330~~ $665	06/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, RICHARD A	1635	424-093200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

❑ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

❑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leydig, Voit & Mayer, Ltd.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cornell Research Foundation, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ithaca, NY

Please check the appropriate assignee category or categories (will not be printed on the patent):   ❑ individual   ☒ corporation or other private group entity   ❑ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Heather R. Kissling Reg. 45,790

(Date) 5/27/2004

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